

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official
capacity as President of the United States of
America, et al.,

Defendants.

NO.

DECLARATION OF R.D.

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ATTORNEY GENERAL OF WASHINGTON
Complex Litigation Division
800 Fifth Avenue, Suite 2000
Seattle, WA 98104
(206) 464-7744

1 I, R.D., declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make
3 this declaration based on my personal knowledge.

4 2. I am a physician and the parent of Child A, who is 16 years old. We live with our
5 family in Seattle, Washington.

6 3. I am choosing to use my initials rather than my full name in this declaration out
7 of fear for the safety of myself and my family.

8 4. Child A is a transgender girl. This means that my child's gender identity is
9 female, though at birth she was assigned a male gender. Before beginning the process of
10 medically transitioning, my child experienced gender dysphoria. Gender dysphoria is a condition
11 listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), and is defined as
12 the incongruence between a person's expressed or experienced gender and the person's assigned
13 gender.

14 5. Though we did not understand at the time that my child was transgender, in
15 hindsight, the first indications of her gender dysphoria began to display when she was six years
16 old. At that time, she began to refuse to cut her hair. She could not explain why. Within a few
17 years, by age nine or 10, she began to exclusively choose female avatars when playing video
18 games.

19 6. My child came out as a transgender girl three years ago, at age 13. At that time,
20 she began to experience the first changes of puberty and expressed that these changes felt very
21 wrong to her. The onset of puberty led my daughter to withdraw, and to spend increasing
22 amounts of time in bed.

23 7. My family was fortunate to find a private medical practitioner who could examine
24 and assess my daughter for gender dysphoria using the criteria in the DSM-5. In addition to the
25 medical practitioner, my daughter saw a therapist. Both specialists were highly experienced.
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1 After months of assessment, they determined that it was appropriate for my daughter to begin
2 using a reversible puberty blocker.

3 8. Commencing puberty blocking medication was key to ensuring my daughter's
4 continued emotional, mental, and physical health. My daughter was extremely concerned about
5 going through permanent body changes that would make her present as masculine to the world.
6 Puberty blocking medication not only helps her to be happier in her body, since her body comes
7 closer to matching her experienced gender identity. The medication also makes her safer,
8 because she passes as female and is able to move through the world as a girl without drawing
9 unwelcome attention and hostility.

10 9. After approximately eight months of puberty blocking medication, my daughter
11 expressed no regret or variation at all in her intention and desire to live as female. Around that
12 time, we began the process of seeking cross-sex hormone replacement therapy for her. My
13 daughter has been on estrogen therapy now for approximately two years. Her happiness at being
14 able to live in a body that matches her gender identity cannot be overstated.

15 10. My daughter is a smart, funny young woman. She is fascinated by robotics,
16 computer software, math, and science. In many ways she is a typical teenager, and like many
17 teenagers, communication with her is not always straightforward or easy. Still, she is an amazing
18 person, and I am proud of her.

19 11. Though she is happy, my daughter still suffers from gender dysphoria. She
20 presents as a girl, but she is adamant in her desire to have breasts, and she experiences continued
21 distress from having male genitalia.

22 12. I understand that the President of the United States has issued an Executive Order
23 targeting gender-affirming care. My daughter is aware of this policy, and it also creates
24 significant distress for her. My daughter understands that the Federal Government would deny
25 her continued access to gender-affirming care. This makes her angry and afraid. Recently it has
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1 been more difficult to get her out of bed, and to focus on schoolwork. She recently expressed
2 hopelessness, and a sense that “the whole world hates” her.

3 13. Our entire family supports my daughter’s gender identity. Child A’s older sister,
4 who identifies with the gender assigned to her at birth, is fiercely protective of her younger sister
5 and angered by the Federal Government’s policy. If the Federal Government’s policy prevented
6 my daughter from obtaining essential gender-affirming care, my family would find a way to get
7 her the care that she needs. Discontinuing my daughter’s gender-affirming care is simply not an
8 option. Without that care, I believe my daughter would attempt suicide. This is not a risk my
9 family can accept.

10 14. The Federal Government’s toxic rhetoric surrounding transgender or
11 gender-diverse humans and gender-affirming healthcare puts my family at risk. Because of the
12 Federal Government’s rhetoric and the policy expressed in the Executive Order, we fear violent
13 individuals finding our home and either attempting to take our daughter away or harming
14 members of our family. It is for this reason that I identify myself only by my initials in this
15 declaration, and identify my daughter as Child A. Our family is honestly terrified.

16 15. The fear affects many of our daily decisions. For example, my daughter has a
17 valid U.S. passport issued during the Biden Administration, which shows her gender as female.
18 Though our daughter should be able to rely on the validity of that passport, in fact my family is
19 reluctant to travel internationally with her, out of fear that her passport would be seized at the
20 border and she could be detained.

21 16. Due to the Federal Government’s policy and the surrounding rhetoric, my family
22 has contemplated leaving the U.S. in order to keep ourselves safe and prevent disruption in our
23 daughter’s healthcare. If the Federal Government’s policy forced us to take such a drastic step,
24 there would be downstream impacts for the patients I see in my medical practice. Access to care
25 would be reduced; the other members in the practice simply could not absorb the additional
26 patients. In fact, my patients already exhibit stress and other negative mental and physical health

1 effects that they attribute to recent policy actions by the federal government, including the
2 Executive Order.

3 I declare under penalty of perjury under the laws of the State of Washington and the
4 United States of America that the foregoing is true and correct.

5 DATED this ____ day of February 2025 at Seattle, Washington.

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8 R.D.
9 Parent of Child A
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1 effects that they attribute to recent policy actions by the federal government, including the
2 Executive Order.

3 I declare under penalty of perjury under the laws of the State of Washington and the
4 United States of America that the foregoing is true and correct.

5 DATED this 2ND day of February 2025 at Seattle, Washington.

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7 R.D.

8 Parent of Child A
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